STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395540	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Easton Skilled Nursing and Rehabilitation Center	2600 Northampton Street Easton, PA 18045

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, observation, and staff interview, it was determined that the facility failed to implement Enhanced Barrier Precautions (EBPs) and the use of personal protective equipment (PPE) to prevent the spread of infection for one of four sampled residents. (Resident 1)Findings include: Review of the facility policy entitled, Enhanced Barrier Precautions, last reviewed November 14, 2025, revealed that, in addition to standard precautions, Enhanced Barrier Precautions (EBPs) would be used (when Contact precautions do not otherwise apply) for novel or targeted Multi-Drug-Resistant-Organisms (MDROs). Staff was to wear a gown and gloves during high contact resident care activities such as bathing, catheter care, wound care, and changing linens to prevent infections even when exposure to body fluids and blood was not anticipated. EBPs were used to help reduce the transmission of MDROs by requiring the use of gowns and gloves during specific high contact resident care activities for residents known to be colonized or infected with an MDRO as well as those at increased risk of acquiring an MDRO. Residents at risk included but were not limited to those with feeding tubes, indwelling urinary catheters, central vascular lines, tracheostomy tubes, and wounds. Standard precautions such as hand hygiene always applied and precautions included the use of protective gowns and gloves during high-risk activities. Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included wedge compression fracture of third lumbar vertebrae, pressure ulcer of sacral region (damaged skin and tissue caused by sustained pressure that reduced blood flow over the tailbone), and osteomyelitis (bone infection). A review of the care plan revealed that Resident 1 was at risk for MDRO colonization/infection with an intervention for EBPs when performing high-contact activities. On April 7, 2026, from 10:15 a.m. through 10:45 a.m., the registered nurse (RN 1) and the licensed practical nurse (LPN 1) were observed providing personal care, wound care, and catheter care to Resident 1 without protective gowns in accordance with facility policy. On April 7, 2026, at 4:30 p.m., the Director of Nursing confirmed that EBPs should have been implemented and that staff did not follow the policy. 28 Pa. Code 211.10(d) Resident care policies.28 Pa. Code 211.12(d)(1)(5) Nursing services.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE